

METLIFE Dental Plan

	METLIFE	
Choice of Dentist	Program allows you to choose any dentist you wish. Payments to Preferred Dental Providers (PDP) are based on negotiated fees. Payments to non preferred providers are based on Reasonable and Customary (not billed) charges.	
Maximum Benefit/Deductible	\$1,000 per year per person \$50 deductible per year per person; \$150 family maximum	\$1,500 per year per person \$50 deductible per year per person; \$150 family maximum
Type I 0150 Comprehensive Oral Evaluation -New or Established 0120 Periodic Oral Exam X-rays 1110/20 Prophylaxis 1203 Fluoride Treatment (children up to the age 19) 1351 Sealant - per tooth 1510 Space Maintainers	STANDARD Plan Pays (No deductible) 100% 100% 100% 100% (Twice per calendar year) 100%, 1x per year Not Covered 100% to age 19	ENRICHED Plan Pays (No deductible) 100% 100% 100% 100% (Twice per calendar year) 100%, 1x per year Not Covered 100% to age 19
Type II Fillings: (silver) 2140 one surface 2150 two surfaces 2160 three surfaces 2161 four or more surfaces Root canals: 3310 Anterior 3320 Bicuspid 3330 Molar 3410 Apicoectomy Extractions: 7111 Single tooth 7140 Extraction, erupted tooth or exposed tooth 7210 Surgical extraction of erupted tooth Periodontics: (gum treatment) 4341 Periodontal scaling & root planning-per quadrant 4210 Gingivectomy/gingivoplasty - per quadrant 4910 Periodontal maintenance procedures	* 75% Non PDP/100% PDP 75% Non PDP/100% PDP 75% Non PDP/100% PDP 75% Non PDP/100% PDP 75% 75% 75% 75% 75% 75% 75% 75% 75% 75%	* 75% Non PDP/100% PDP 75% Non PDP/100% PDP 75% Non PDP/100% PDP 75% Non PDP/100% PDP 75% 75% 75% 75% 75% 75% 75% 75% 75% 75%
Type III Crown & Bridge 2930 Prefabricated stainless steel primary tooth 2791 Crown full cast predominately base metal 2751 Crown Porcelain fused to base metal Pontics: 6210 Full cast 6240 Porcelain fused to metal Prosthodontics (Dentures) 5110 Complete upper 5120 Complete lower 5213/14 Partial upper or lower - cast metal base	* 50% 50% 50% 50% 50% 50% 50% 50%	* 50% 50% 50% 50% 50% 50% 50% 50%
ORTHODONTIA Consultation Evaluation Records Children - Normal Class II Adult - Normal Class II 8750 Retention	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered	Adult & Children covered at 50% after a one time deductible of \$50 per person. \$1,000 lifetime maximum
VISION Examination Single Vision Lenses Bifocal Lenses Trifocal Lenses Contact Lenses - Non-Elective Contact Lenses - Elective Frames	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered

* All Type II and III charges subject to annual deductible

* The above reimbursements are exclusive of gold.

ADP & OHS Dental Plans

AMERICAN DENTAL PLAN (ADP) Now known as CompBenefits		ORAL HEALTH SERVICES (OHS) Now known as CompBenefits	
Limited to Participating Dentists in Private Practice		Limited to Participating Dentists in Private Practice	
No Maximum No Deductible		No Maximum No Deductible	
STANDARD You Pay*	ENRICHED You Pay	STANDARD You Pay	ENRICHED You Pay
No Charge	No Charge	No Charge	No Charge
No Charge	No Charge	No Charge	No Charge
No Charge	No Charge	No Charge	No Charge
No Charge (Once every 6 months)	No Charge (Once every 6 months)	No Charge (Once every 6 months)	No Charge (Once every 6 months)
No Charge	No Charge	No Charge	No Charge
7.00	7.00	6.00	No Charge
35.00	35.00	40.00	No Charge
No Charge	No Charge	No Charge	No Charge
No Charge	No Charge	\$11.00	No Charge
No Charge	No Charge	\$16.00	No Charge
No Charge	No Charge	\$18.00	No Charge
95.00	95.00	90.00	45.00
135.00	135.00	155.00	90.00
175.00	175.00	200.00	145.00
65.00	65.00	75.00	65.00
No Charge	No Charge	No Charge	No Charge
No Charge	No Charge	No Charge	No Charge
20.00	20.00	15.00	No Charge
37.50	37.50	40.00	40.00
105.00	105.00	120.00	90.00
UCR Less 25%	35.00	25.00	25% Discount
35.00	35.00	25.00	No Charge
185.00**	185.00**	\$210.00	\$175.00
200.00**	200.00**	\$210.00	\$175.00
185.00**	185.00**	25% Discount	25% Discount
200.00**	200.00**	25% Discount	25% Discount
200.00	200.00	230.00	205.00
200.00	200.00	230.00	205.00
250.00	250.00	275.00	240.00
No Charge	No Charge	25% Discount	No Charge
UCR Less 25%	35.00	25% Discount	25.00
UCR Less 25%	250.00	25% Discount	200.00
UCR Less 25%	1400.00	25% Discount	1,400.00
UCR Less 25%	1950.00	25% Discount	1,950.00
Additional	Additional	25% Discount	25% Discount
Not Covered	Not Covered	Not Covered	10% Discount
Not Covered	Up to 50% off doctor's prices	Not Covered	20% Discount
Not Covered	Up to 50% off doctor's prices	Not Covered	20% Discount
Not Covered	Up to 50% off doctor's prices	Not Covered	20% Discount
Not Covered	Up to 50% off doctor's prices	Not Covered	20% Discount
Not Covered	Up to 50% off doctor's prices	Not Covered	20% Discount
Not Covered	Up to 50% off doctor's prices	Not Covered	20% Discount

* STD Plan fee apply to participating General Dentist only.

** Co-payments are exclusive of gold.

* Cost of high noble metal additional.